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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of)
Van Dyke et al.) Group Art Unit: 2186
Application No.: 10/657,957) Examiner: Choi, Woo H.
Filed: 09/08/03) Docket No.
For: SYSTEM AND METHOD FOR A) NVIDP033A_P000873
HIGH BANDWIDTH-LOW LATENCY)
MEMORY CONTROLLER) Date: January 6, 2005

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, Alexandria, VA 22313-1450 attn: Examiner Choi at facsimile number: (703)622-9206 on the above date.

Signed:

Erica L. Farlow

AMENDMENT B

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to an Office Action mailed 11/12/04, please enter the following in the above application:

01/26/2005 DHALLI 00000002 501351 10657957
01 FC:1202 500.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10657957

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	24	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	21 minus 20 = *	1
INDEPENDENT CLAIMS	14 minus 3 = *	1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

JFD
Am'dt
1-16-05

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 37	Minus ** 27	= 10
Independent	* 4	Minus *** 4	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

1-12-34-25

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus **		=
Independent	* Minus ***		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus **		=
Independent	* Minus ***		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9=		OR X\$18=	90
X42=		OR X84=	84
+140=		OR +280=	
TOTAL		OR TOTAL	

OTHER THAN
SMALL ENTITY
OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	50.00
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	50.00

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	